

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number							
Substitute for Form PTO-875						101676,032							
CLAIMS AS FILED - PART I						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)				RATE		FEE					
FOR		NUMBER FILED		NUMBER EXTRA									
BASIC FEE (37 CFR 1.16(a))		19						\$		Basic \$770			
TOTAL CLAIMS (37 CFR 1.16(c))		19 minus 20 =		/		X \$				OR X \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))		4 minus 3 =				X \$				OR X \$ =			
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))				+ \$				OR + \$ =			
						TOTAL				OR TOTAL			
* If the difference in column 1 is less than zero, enter "0" in column 2.													
CLAIMS AS AMENDED - PART II						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		(Column 3)		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR									
Total (37 CFR 1.16(c))		12 Minus		20		X \$				OR X \$			
Independent (37 CFR 1.16(b))		3 Minus		4		X \$				OR X \$			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		(37 CFR 1.16(d))				+ \$				OR + \$			
						TOTAL ADD'L FEE				OR TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR									
Total (37 CFR 1.16(c))		Minus				X \$				OR X \$			
Independent (37 CFR 1.16(b))		Minus				X \$				OR X \$			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		(37 CFR 1.16(d))				+ \$				OR + \$			
						TOTAL ADD'L FEE				OR TOTAL ADD'L FEE			
(Column 1)		(Column 2)		(Column 3)		RATE		ADDITIONAL FEE		RATE		ADDITIONAL FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR									
Total (37 CFR 1.16(c))		Minus				X \$				OR X \$			
Independent (37 CFR 1.16(b))		Minus				X \$				OR X \$			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		(37 CFR 1.16(d))				+ \$				OR + \$			
						TOTAL ADD'L FEE				OR TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													